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| State of New Jersey Department of the Treasury Division of Property Management and Construction | PROFESSIONAL SERVICES PRE-QUALIFICATION APPLICATION | | FORM 48A 2/04 |
| 1. FIRM NAME/BUSINESS ADDRESS: County: Principal Contact: _____ Phone: () _____ Year Firm Established: Staff Size: Fax: () _____ E-Mail Address: _____ | 2. FEDERAL TAX ID NUMBER: _____ | 3. DATE PREPARED: _____ | |
| | 4. TYPE OF OWNERSHIP: (See Instructions for Form 48A, Page 3 – Box 4) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Corporation (list State) <input type="checkbox"/> Professional Association <input type="checkbox"/> L.L. Corporation <input type="checkbox"/> L.L. Company <input type="checkbox"/> Other (Specify) _____ | 5a. FILING STATUS: <input type="checkbox"/> MBE CERTIFIED (Attach Copy) <input type="checkbox"/> WBE CERTIFIED (Attach Copy) <input type="checkbox"/> SBE CERTIFIED (Attach Copy) 5b. DIV. OF REVENUE FILING (Mandatory) <input type="checkbox"/> BUSINESS REGISTRATION CERTIFICATE (Attach Copy) 5c. FEE - \$100.00 (Non-refundable) <input type="checkbox"/> Check enclosed payable to "Treasurer – State of NJ" | |
| | | 6a. CADD CAPABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO | 6b. INTERESTED IN WORK UNDER OPERATION FAST START? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | 7. NAME/ADDRESS OF PARENT FIRM (if any): IF NONE, CHECK HERE ⇒ <input type="checkbox"/> Principal Contact: _____ Phone: () _____ E-Mail Address: _____ | |
| 8. FORMER FIRM NAME(S) AND YEAR(S) ESTABLISHED: <i>(attach additional sheets as needed)</i> IF NONE, CHECK HERE ⇒ <input type="checkbox"/> | | 10. ADDITIONAL PRE-QUALIFICATION: List any other public agencies, department, authorities, etc. by which the firm listed in Box 1 is presently pre-qualified. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;"><u>AGENCY</u></div> <div style="width: 30%; text-align: center;"><u>CONTACT PERSON</u></div> <div style="width: 30%; text-align: center;"><u>PHONE NUMBER</u></div> </div> | |
| 9. LIST <u>SINGLE</u> SATELLITE OFFICE TO BE CONSIDERED IN PRE-QUALIFICATION RATING: <i>List other satellite offices, located within 100 miles of the office listed in #1 above on additional sheet</i> : IF NONE, CHECK HERE ⇒ <input type="checkbox"/> Address: _____ Principal Contact: _____ Phone: () _____ Year Satellite Office Established: Staff Size: _____ E-Mail Address: _____ | | | |
| 11. CHECK THE BOX(ES) FOR WHICH YOUR FIRM IS REQUESTING PROFESSIONAL PRE-QUALIFICATION: <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> LANDSCAPE ARCHITECT <input type="checkbox"/> PLANNER <input type="checkbox"/> SURVEYOR <input type="checkbox"/> CONSTRUCTION MANAGEMENT <input type="checkbox"/> OTHER _____ | | | |

12. ORGANIZATION CHART (Include parent firm and satellite offices if applicable)

13. LICENSED STAFF OF FIRM LOCATED AT THE ADDRESSES LISTED IN BOXES 1 AND 9

[illegible]

| 14. BRIEF RESUME OF ALL PRINCIPALS AND KEY PERSONNEL | |
|---|---|
| A. NAME AND TITLE | A. NAME AND TITLE |
| B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS: | B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS: |
| C. ACTIVE REGISTRATION: <div>DISCIPLINE N.J. LICENSE NO.</div> <div>DISCIPLINE N.J. LICENSE NO.</div> <div>DISCIPLINE N.J. LICENSE NO.</div> | C. ACTIVE REGISTRATION: <div>DISCIPLINE N.J. LICENSE NO.</div> <div>DISCIPLINE N.J. LICENSE NO.</div> <div>DISCIPLINE N.J. LICENSE NO.</div> |
| D. BRIEF RESUME: | D. BRIEF RESUME: |

ATTACH AS MANY SHEETS AS NECESSARY

15. STOCKHOLDER/COMMON DISCLOSURE

List below the names, home addresses, dates of birth, social security numbers, offices held and ownership interest of all **individuals, partnerships, corporations or any other owner** with 5% or more interest in the firm named in Box 1 of this Form 48A. If additional space is necessary, list on an attached sheet.

[illegible]

GROSS FEES FROM CONTRACTS ENTERED INTO IN THE PAST 5 YEARS:

*From All Entities
(Inc. Private
Sector)*

*From State Govt
Entities*

*From Local Govt
Entities*

*From Federal
Govt. Entities*

| | | | | | |
|-------------------------|----|----|----|----|--|
| Year Most recent yr. | \$ | \$ | \$ | \$ | |
| Year | | | | | |
| Year | | | | | |
| Year | | | | | |
| Year | | | | | |

15. STOCKHOLDER/COMMON DISCLOSURE continued...

| | |
|--|--|
| a) Is the applicant firm identified in Box 1 of this application owned by any other company and/or corporation? <i>(If yes, please complete a separate disclosure form for the parent company.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Within the past 5 years, has the applicant firm been owned by another company or firm? <i>(If yes, please complete a separate disclosure form for the parent company.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have any principals listed in this application ever been arrested, charged, indicted or convicted of a crime? <i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Has any person or entity listed in this application ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies? <i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in this form been suspended or revoked, or is the subject of any ending proceedings specifically seeking or litigating the issue of suspension or revocation? <i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Are there currently any administrative, civil or criminal matters pending in any federal, state or local government jurisdiction in which the firm or its principals or key personnel are involved? <i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Has the applicant firm been denied pre-qualification in the past five years under this name or another? <i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) At present or during the past 5 years, have any of the principals or key personnel of the applicant firm served as a principal or key personnel or owned 5% or more of any other firm (including firms that are inactive or have been dissolved)? <i>(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Has the applicant firm, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding? <i>(If yes, provide caption, date, docket number, court and county.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) In the past 5 years has the applicant firm or any of its affiliate firms: | |
| (a) had a contract terminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) been given a final unsatisfactory performance rating on a specific project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Had liquidated damages assessed against it in connection with a contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Engaged in any litigation with regard to any contract? <i>(If yes to any of the above, explain.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any of the principals of the applicant firm have an ownership interest in any other entity, which is in the same line or business for which the firm is now seeking pre-qualification? <i>(If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Financial Statement Information – the applicant firm must submit one of the following:

REQUIRED INFORMATION

(See “Instructions for Form 48A” Page 5, Box – 16)

Preferred

- Audited Financial Statements for last two years including:
 - Auditor’s reports
 - Balance Sheets
 - Statements of Income & Retained Earnings
 - All footnotes to these statements
- Corporate Annual Report (if applicable)

If not available, then

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and retained earnings
 - All footnotes to these statements

If not available, then

- Compilations for last two years including:
 - Balance Sheets
 - Statements of income and retained earnings
 - All footnotes to these compilations

17. PROFESSIONAL TECHNICAL DATA

- INSTRUCTIONS:
1. Review the Specialty/Discipline Column and place an "X" in Column A for those specialties/disciplines for which your firm is seeking pre-qualification.
 2. Review Professional/Technical Staff (Column D) and indicate the number of staff members in the appropriate boxes in columns E&F working full time for your firm in each specialty/discipline. There is no limit to the number of specialty/discipline on which a staff member may be entered.
 3. Indicate the total Professional/Technical Staff for each Specialty/Discipline in Column "G"

| A | B | C | D | E OFFICE TO BE PRE-QUALIFIED (LISTED IN BOX 1, PAGE 1) | | F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1) | | G |
|---|------|-------------------------------------|--|---|--|---|--|-------------------------|
| REQSTD <input checked="" type="checkbox"/> | CODE | SPECIALTY/DISCIPLINE | TITLES OF PROFESSIONAL/TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | (E+F) TOTAL STAFF |
| <input type="checkbox"/> | 01 | ARCHITECTURE | ARCHITECTS | | | | | |
| <input type="checkbox"/> | 02 | ELECTRICAL ENGINEERING | ELECTRICAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 03 | HVAC ENGINEERING | HVAC ENGINEERS | | | | | |
| <input type="checkbox"/> | 04 | PLUMBING ENGINEERING | PLUMBING ENGINEERS | | | | | |
| <input type="checkbox"/> | 05 | CIVIL ENGINEERING | CIVIL ENGINEERS | | | | | |
| <input type="checkbox"/> | 06 | SANITARY ENGINEERING | SANITARY ENGINEERS | | | | | |
| <input type="checkbox"/> | 07 | STRUCTURAL ENGINEERING | STRUCTURAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 08 | MECH ENG. (ELEVATORS, CONVEYORS) | MECHANICAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 09 | SOILS ENGINEERING | SOILS ENGINEERS | | | | | |
| <input type="checkbox"/> | 10 | FIRE PROTECTION ENGINEERING | FIRE PROTECTION ENGINEERS | | | | | |
| <input type="checkbox"/> | 11 | ENVIRONMENTAL ENGINEERING | ENVIRONMENTAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 12 | MARINE ENGINEERING | CIVIL ENGINEERS | | | | | |
| <input type="checkbox"/> | 13 | LANDSCAPE DESIGN | LANDSCAPE ARCHITECTS | | | | | |
| <input type="checkbox"/> | 14 | PLANNING | PLANNERS | | | | | |
| <input type="checkbox"/> | 15 | LAND SURVEYING | SURVEYORS | | | | | |
| <input type="checkbox"/> | 16 | AERIAL SURVEYING | SURVEYORS | | | | | |
| <input type="checkbox"/> | 17 | HYDROGRAPHIC SURVEYING | SURVEYORS | | | | | |
| <input type="checkbox"/> | 18 | FIRE & LIFE SAFETY RENOVATIONS | ARCHITECTS/ENGINEERS | | | | | |
| <input type="checkbox"/> | 20 | PERIMETER SECURITY FENCING | SECURITY SYSTEM SPECIALISTS | | | | | |
| <input type="checkbox"/> | 24 | BARRIER FREE/ADA DESIGN | ARCHITECTS/ENGINEERS | | | | | |
| <input type="checkbox"/> | 25 | ESTIMATING/COST ANALYSIS | ESTIMATORS | | | | | |
| <input type="checkbox"/> | 27 | INTERIOR DESIGN SPACE PLANNING | INTERIOR DESIGNERS | | | | | |
| <input type="checkbox"/> | 28 | ROOFING INSPECTION | ROOFING INSPECTORS | | | | | |

17. PROFESSIONAL TECHNICAL DATA, continued...

| A | B | C | D | E OFFICE TO BE PRE-QUALIFIED (BOX 1, PAGE 1) | | F SATELLITE OFFICE (BOX 9, PAGE 1) | | G |
|---|------|---|--|---|--|--|--|-------------------------|
| REQSTD <input checked="" type="checkbox"/> | CODE | SPECIALTY/DISCIPLINE | TITLES OF PROFESSIONAL/TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | (E+F) TOTAL STAFF |
| <input type="checkbox"/> | 29 | CONSTRUCTION MANAGEMENT | CONSTRUCTION MANAGERS | | | | | |
| <input type="checkbox"/> | 30 | CPM | SCHEDULERS | | | | | |
| <input type="checkbox"/> | 31 | ARCHAEOLOGY | ARCHAEOLOGISTS | | | | | |
| <input type="checkbox"/> | 32 | GEOLOGY | GEOLOGISTS | | | | | |
| <input type="checkbox"/> | 33 | VALUE ENGINEERING | ARCHITECTS/ENGINEERS/ESTIM ATORS | | | | | |
| <input type="checkbox"/> | 34 | HISTORICAL PRESERVATION/ RESTORATION | ARCHITECTS | | | | | |
| <input type="checkbox"/> | 35 | ROOFING CONSULTANT | ARCHITECTS/ENGINEERS | | | | | |
| <input type="checkbox"/> | 36 | ACOUSTICS | ACOUSTICIANS | | | | | |
| <input type="checkbox"/> | 38 | ASBESTOS SAFETY CONTROL MONITORING | AHERA PROJECT DESIGNERS (FIRM CERTIFIED BY DCA) | | | | | |
| <input type="checkbox"/> | | | ASBESTOS SAFETY TECHNICIANS (CERTIFIED BY DCA) | | | | | |
| <input type="checkbox"/> | 39 | CLAIMS ANALYSIS | CLAIMS ANALYSTS/ESTIMATORS | | | | | |
| <input type="checkbox"/> | 40 | TELECOMMUNICATIONS | TELECOMMUNICATION SPECIALISTS | | | | | |
| <input type="checkbox"/> | 41 | EXHIBIT/INTERPRETATIVE DESIGN | DESIGNERS | | | | | |
| <input type="checkbox"/> | 42 | FEASIBILITY/MASTER PLANNING | PLANNERS/ARCHITECTS/ ENGINEERS | | | | | |
| <input type="checkbox"/> | 43 | FIRE DETECTION SYSTEMS | FIRE DETECTION SPECIALISTS | | | | | |
| <input type="checkbox"/> | 44 | FIRE PROTECTION SYSTEMS | FIRE PROTECTION SPECIALISTS | | | | | |
| <input type="checkbox"/> | 45 | FOOD SERVICE | FOOD SERVICE CONSULTANTS | | | | | |
| <input type="checkbox"/> | 46 | HYDRAULICS/PNEUMATICS | HYDRAULIC ENGINEERS | | | | | |
| <input type="checkbox"/> | 47 | HYDROLOGY | HYDROGEOLOGISTS | | | | | |
| <input type="checkbox"/> | 48 | SECURITY SYSTEMS | SECURITY SYSTEM CONSULTANTS | | | | | |
| <input type="checkbox"/> | 49 | SITE PLANNING | PLANNERS/ARCHITECTS/ ENGINEERS | | | | | |

| 17. PROFESSIONAL TECHNICAL DATA, continued... | | | | | | | | |
|---|------|--|--|---|--|---|--|-------------------------|
| A | B | C | D | E OFFICE TO BE PRE-QUALIFIED (LISTED IN BOX 1, PAGE 1) | | F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1) | | G |
| REQSTD <input checked="" type="checkbox"/> | CODE | DISCIPLINE/SPECIALTY | TITLES OF PROFESSIONAL/TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | # OF STAFF WITH A NJ LICENSE | # OF ADDITIONAL TECHNICAL STAFF | (E+F) TOTAL STAFF |
| <input type="checkbox"/> | 51 | TESTING & BALANCING (HVAC) | HVAC ENGINEERS (CERTIFICATION BY NATIONAL ENVIR. BALANCING BUREAU) | | | | | |
| <input type="checkbox"/> | 52 | TRAFFIC | TRAFFIC ANALYSTS | | | | | |
| <input type="checkbox"/> | 53 | TRANSPORTATION | CIVIL ENGINEERS | | | | | |
| <input type="checkbox"/> | 54 | WASTE/WATER TREATMENT | CIVIL/SANITARY ENGINEERS | | | | | |
| <input type="checkbox"/> | 55 | ENERGY MANAGEMENT CONTROL SYSTEMS | HVAC/ELECTRICAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 56 | RADON MANAGEMENT CONSULTANT | DEP CERTIFIED FIRM & DEP CERTIFIED SPECIALISTS | | | | | |
| <input type="checkbox"/> | 57 | CONSTRUCTION FIELD INSPECTION | FIELD INSPECTORS | | | | | |
| <input type="checkbox"/> | 58 | ELEVATOR PLAN REVIEW, TESTING/INSPECTION | DCA CERTIFIED SPECIALISTS | | | | | |
| <input type="checkbox"/> | 59 | ENVIRONMENTAL CONSULTANT | ENVIRONMENTAL SPECIALISTS | | | | | |
| <input type="checkbox"/> | 60 | UNDERGROUND STORAGE TANK REMOVAL | DEP CERTIFIED SPECIALISTS (SSE) AND DEP CERTIFIED FIRM | | | | | |
| <input type="checkbox"/> | 61 | UNDERGROUND STORAGE TANK INSTALLATION | ENGINEER (DEP FIRM CERTIFIED) | | | | | |
| <input type="checkbox"/> | 62 | BOILERS/STEAM LINES/HIGH PRESSURE SYSTEMS | ENGINEERS | | | | | |
| <input type="checkbox"/> | 63 | INDOOR AIR QUALITY | INDUSTRIAL HYGIENISTS | | | | | |
| <input type="checkbox"/> | 64 | LANDFILL CLOSURE | ENVIRONMENTAL ENGINEERS | | | | | |
| <input type="checkbox"/> | 65 | LEAD PAINT EVALUATION/ INSPECTION | DOH CERTIFIED TECH (DCA FIRM CERTIFIED) | | | | | |

Note: In order to receive a pre-qualification rating for a specific discipline/specialty, qualified staff must be listed in column “E”. Additional credit will be given for any other staff listed in column “F”.

18. IN ORDER TO ACHIEVE A PRE-QUALIFICATION RATING IN A SPECIFIC SPECIALTY/DISCIPLINE, A **MINIMUM** OF THREE (3) PROJECTS MUST BE LISTED; TWO (2) OF WHICH HAVE BEEN COMPLETED AND OCCUPIED. IT IS ADVISABLE TO LIST LARGE PROJECTS TO JUSTIFY A HIGHER PRE-QUALIFICATION RATING. IN THE CASE OF STUDIES OR MASTER PLANS, LIST A MINIMUM OF THREE (3) PROJECTS WITH THE CONSTRUCTION COST ESTIMATE. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS. PRINCIPALS OR PARTNERS IN THE APPLICANT FIRM MAY ONLY INCLUDE EXPERIENCE GAINED IN A PREVIOUS FIRM IF THEY WERE A PRINCIPAL OR PARTNER IN THAT FIRM.

A/E Indicates services performed as the Architect or Engineer of record

S/C Indicates services performed as a Sub-Consultant to an A/E of record

JV Indicates services as part of a Joint Venture

| DISCIPLINE/ SPECIALTY TYPE (use codes from box 17, column (B)) | A/E, S/C OR "JV" | PROJECT NAME LOCATION & BRIEF DESCRIPTION | PROJECT OWNER, CONTACT PERSON & PHONE NUMBER | ESTIMATED COST | | MONTH & YEAR WORK COMPLETED |
|--|---------------------|---|--|-------------------|---------------------------------------|-----------------------------------|
| | | | | ENTIRE PROJECT | WORK FOR WHICH FIRM RESPONSIBLE | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

19. RANK ORDER OF YOUR FIRM'S EXPERTISE FOR VARIOUS BUILDING TYPES FROM 1 TO 20 (1= HIGHEST). DO NOT USE ANY NUMBER MORE THAN ONCE, UNLESS ACCOMPANIED BY A LETTER OF EXPLANATION AND SUPPORTED BY YOUR PROJECT EXAMPLES LISTED IN BLOCK 18. INCLUDE THE APPROXIMATE NUMBER OF PROJECTS YOU HAVE BEEN INVOLVED IN OVER THE PAST 10 YEARS FOR EACH BUILDING TYPE SELECTED. IF YOUR FIRM HAS NO EXPERIENCE IN A PARTICULAR BUILDING TYPE WRITE "NONE".

| RANK ORDER | NO. OF PROJECTS | CODE | BUILDING TYPE | RANK ORDER | NO. OF PROJECTS | CODE | BUILDING TYPE |
|------------|-----------------|------|----------------------------------|------------|-----------------|------|---|
| | | 75 | CHILD CARE FACILITIES | | | 85 | MEDICAL FACILITIES |
| | | 76 | RADIO/TV FACILITIES | | | 86 | OFFICE FACILITIES |
| | | 77 | COMPUTER FACILITIES | | | 87 | PARKS |
| | | 78 | CORRECTIONAL FACILITIES | | | 88 | RECREATIONAL FACILITIES |
| | | 79 | DAMS, DIKES, LEVEES | | | 89 | RESIDENTIAL FACILITIES |
| | | 80 | SCHOOL FACILITIES | | | 90 | SITE ENGINEERING/ROADWAY/PAVING |
| | | 81 | LABORATORIES/RESEARCH FACILITIES | | | 91 | THEATERS |
| | | 82 | LIBRARIES/MUSEUMS | | | 92 | WAREHOUSE/INDUSTRIALS FACILITIES |
| | | 83 | MAINTENANCE FACILITIES | | | 93 | WASTEWATER TREATMENT FACILITIES |
| | | 84 | MARINAS/BULKHEADS | | | 94 | HISTORICAL PRESERVATION/ RESTORATION |

20. INCLUDE INFORMATION OR DESCRIPTIONS OF ACHIEVEMENTS AND AWARDS RECEIVED
(Attach a separate sheet if necessary)

21. IDENTIFY INSURANCES CURRENTLY HELD BY YOUR FIRM:

| TYPE | CARRIER, AGENT ADDRESS, NAME AND PHONE NUMBER | POLICY LIMITS |
|------------------------|---|---------------|
| Workers Compensation | | |
| Multiple Peril | | |
| Vehicle | | |
| General Liability | | |
| Medical | | |
| Professional Liability | | |
| Other: | | |

22. CERTIFICATION OF PRINCIPALS:

CERTIFICATION

Each **Principal** identified in Box 14 must complete this certification. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I _____, being duly sworn, state that I am _____ of _____, and that I
(full name) (title) (firm name)
have read and understood the questions contained in the attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the New Jersey Department of the Treasury may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing the Department of the Treasury to pre-qualify the applicant, award a contract and/or allow the applicant to participate in professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.

I understand and agree that the application and all supporting documentation filed with the Department of the Treasury shall become the property of the Department of the Treasury.

I authorize the Department of the Treasury to contact any entity or person named in the application for purposes of verifying the information supplied by the applicant.

Sworn to before

This _____ day of _____

_____/_____
Name (print) Date

_____/_____
Original Signature Title

Original Signature _____
NOTARY PUBLIC

23. CERTIFICATION BY PREPARER

I being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the New Jersey Department of the Treasury is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Department of the Treasury to notify the Department of the Treasury in writing of any changes to the answers or information contained herein. A material false statement or omission made in connection with this application will subject the applicant firm and me to civil and criminal penalties available at law. I authorize the Department of the Treasury to verify any answer(s) contained herein, to investigate my background and credit worthiness and of the firm stated herein and to enlist the aid of third parties in its investigative process.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge.

ATTESTED: Sworn and subscribed to before me

on the _____ day of _____

Original Signature: _____ **Date:** _____

PRINT OR TYPE Name: _____

Original Signature: _____
NOTARY PUBLIC

Title: _____

